DENVER
LICENSING & CONSUMER PROTECTION

REQUEST FOR EXTENSION OF APPLICATION PERIOD

Revised 9/14/2026

Notice: Pursuant to the Denver Revised Municipal Code (D.R.M.C.) section 32-5(b), your license application will be administratively closed because it has been pending for one (1) year or more. At the Director's discretion, the application may be extended beyond the one-year time period if the applicant can produce documentary or other empirical evidence to establish good cause for the failure to complete the application process. Pursuant to D.R.M.C. §32-5(e), "good cause" means that the failure to complete the application process occurred due to circumstances outside of the applicant's control.

Please include a brief description of the status of your application AND attach documentary or empirical evidence that supports your extension request. Such documentation may include, by way of example only, general contractor letters, construction permits, contracts, ROW applications, or BOA documents. **To be eligible for an extension, you must submit this form and supporting documentation to EXLApplications@denvergov.org within thirty (30) days of the application expiration date. Be advised that the Director will only consider documents and evidence included or attached hereto, and deny any incomplete application.**

BFN	AMENDMENT RECORD ID	STATE LICENSE #	LICENSE TYPE
			Select
			Select
			Select
			Select

Please attach a separate document if you have more than four affected BFNs and Amendment Record IDs.

Application to Amend: ☐ New Application ☐ Transfer of Ownership ☐ Transfer of Location ☐ Modification of Premises ☐ Corporate Structure Change

Entity Name: _____ Trade Name (if applicable): _____

Have you extended this application before? ☐ Yes ☐ No Length of extension? 60 days ☐ 90 days ☐ 180 days ☐

Establishment Address (street, city, state, zip): _____

Mailing Address (street, city, state, zip): _____

Responsible Party / Main Contact:

Name: _____ Phone: _____ E-mail: _____

Explanation of Good Cause: Give a brief overview of why the extension is required here, and attach documents supporting this explanation.

Applicant's Declaration and Signature:

I hereby request an extension of my license application. I understand that to be eligible for the extension I must:

1. Fill out this form complete.
2. **Provide documentary or other empirical evidence demonstrating good cause for the extension request.**
3. Email all of these documents to EXLApplications@denvergov.org within thirty (30) days of the application expiration.

I understand that the Department will recognize signatures sent by .pdf, and that such executed copy of this request is authorized to create an effective original hereof and shall have the full force and effect of an original executed instrument. **IF YOU HAVE NOT RECEIVED CONFIRMATION OF RECEIPT OF YOUR APPLICATION WITHIN 7 DAYS OF SUBMISSION, PLEASE E-MAIL EXLAPPLICATIONS@DENVERGOV.ORG TO CHECK ON THE STATUS.**
I hereby certify that I am an authorized representative of the Applicant, that I have read the above information, and that all information provided, as well as any attachments hereto are true, accurate, and complete to the best of my knowledge.in

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____